

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY DOCUMENT ELECTRONICALLY FILED DOC #: _____ DATE FILED: <u>12/04/2013</u>
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VICTOR DJANGMAH,

Plaintiff,

v.

MICHAEL FALCIONE,

Defendant.  
-----X

08 Civ. 4027 (KPF)

ORDER

KATHERINE POLK FAILLA, District Judge:

At the final pretrial conference in this matter on December 3, 2013, Plaintiff reiterated his intention to call at trial two witnesses who are currently incarcerated, Davon Chambers and Ivan Eli, and sought the Court's assistance in facilitating their production at trial. The Court agreed to look into the matter and did so this morning.

With respect to Mr. Chambers, the Court has learned that he is in custody at the Metropolitan Detention Center ("MDC") in Brooklyn, New York, on account of pending criminal charges in this District. *See United States v. Chambers*, No. 12 Cr. 763 (PGG). Mr. Chambers is represented by counsel, James M. Roth, Esq., in connection with those criminal charges. The Court spoke with Mr. Roth this morning, and advised him of Plaintiff's request for testimony from his client. Mr. Roth agreed to consult with his client and to speak with Plaintiff, and the Court provided him with Plaintiff's e-mail address. Plaintiff's further communications on this issue should be with Mr. Roth, whose telephone number is (212) 619-4240.

With respect to Mr. Eli, the Court has spoken with Stephanie Scannell, counsel to the Metropolitan Correctional Center ("MCC") in Manhattan, at which Mr. Eli will be housed. Ms. Scannell advised that, in order to meet with Mr. Eli prior to trial, Plaintiff should complete and

return the forms attached as Attachments A and B, which forms will permit the MCC to perform the requisite background check on Plaintiff before permitting him to meet with Mr. Eli. Plaintiff should complete these form and return them to Ms. Scannell as soon as possible; she can be reached at (646) 836-6466, and her fax number is (646) 836-7665. Plaintiff can also speak with Ms. Scannell, if he wishes, about the possibility of providing clothes for Mr. Eli to wear at trial.

In a separate order issued today, the Court has adjourned the trial by one day because of the existence of multiple criminal trials that would receive priority in the assignment of jurors. As a result, trial will commence on Tuesday, December 10, 2013. Given Plaintiff's expressed concerns regarding witness preparation, the adjournment of the trial by one day affords him adequate opportunity to meet with and prepare his witnesses.

Counsel for Defendant is hereby ORDERED to transmit a copy of this Order to Plaintiff via e-mail. Plaintiff will also receive a copy by physical mail from Chambers.

SO ORDERED.

Dated: December 4, 2013  
New York, New York



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KATHERINE POLK FAILLA  
United States District Judge

*A copy of this Order was mailed by Chambers to:*

Victor TR Djangmah  
12 Post Lane  
Riverdale, NJ 07457

## **ATTACHMENT A**



METROPOLITAN DETENTION CENTER  
100 29<sup>TH</sup> STREET  
BROOKLYN, NEW YORK 11232  
(718) 840-4200

METROPOLITAN CORRECTIONAL CENTER  
150 PARK ROW  
NEW YORK, NEW YORK 10007  
(646) 836-6300

Dear Sir/Madam:

We are in receipt of your request that you, or a person whom you employ or supervise, be allowed to visit and correspond in relation to legal matters with \_\_\_\_\_, Federal Register Number \_\_\_\_\_.

In order for such visiting or correspondence to be conducted, we must request that you, or your employee or your student, complete and sign the enclosed questionnaire. Please answer the questionnaire, and ensure that **all** sections are completed. In addition, we must request that the sponsoring attorney execute the Attorney's Statement at the end of the questionnaire. Please return the form upon completion, either by regular or overnight mail.

**\*\*BE ADVISED THAT APPLICATIONS WILL NOT BE ACCEPTED AT THE FRONT LOBBY OF THE INSTITUTION. APPLICATIONS SENT TO THIS OFFICE VIA FACSIMILE WILL BE DESTROYED UPON RECEIPT. ONLY ORIGINAL APPLICATIONS WILL BE PROCESSED.\*\***

The information supplied on this questionnaire may be used for investigative purposes in determining whether to grant this request to visit and correspond with inmates. The processing of the applications takes a minimum of 14 days from the date of receipt. **It is your responsibility to contact the Legal Department to ascertain whether you, or your employee or student, will be allowed to visit or correspond with the above-referenced inmate.**

**Upon approval, the applicants admittance to enter will expire (1) year from the applicants date of approval. It is the applicant's responsibility to reapply upon their expiration.**

### **GENERAL**

This information is provided pursuant to Public Law 93-579, the Privacy Act of December 31, 1974.

### **PURPOSES & USES**

The information you supply may be used as a basis for an investigation regarding your correspondence with \_\_\_\_\_, Federal Register Number \_\_\_\_\_. In the process of conducting the investigation, the Bureau of Prisons may disclose the information to federal, state, or local law enforcement agencies.

### **EFFECTS OF NONDISCLOSURE**

You are not required to supply the information requested on the attached questionnaire. If you do not furnish the information requested, the processing of your request will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your request will be attempted; however, it may be significantly delayed. If the information withheld is found to be essential to processing your request properly, you will be so informed, and your request will receive no further consideration unless you supply the missing information. Although no penalties are authorized for failure to supply the requested information, failure to supply the information could result in your not being considered for or allowed admittance to the institution or correspondence privileges with the inmate in question.

☐ PARALEGAL\* (See Page 5)

☐ MITIGATION SPECIALIST (See Page 10)

☐ INTERPRETER

☐ OTHER \_\_\_\_\_

☐ PRIVATE INVESTIGATOR (See Page 9)

APPLICATION TO ENTER AN INSTITUTION OR CORRESPOND WITH A FEDERAL PRISONER AS THE REPRESENTATIVE OF A LICENSED ATTORNEY.

This form has three parts:

1. Questionnaire: This questionnaire is to be completed by each paralegal, legal assistant, clerk, student, interpreter, mitigation specialist or private investigator who seeks to enter an institution of the Federal Bureau of Prisons to visit or correspond with a federal prisoner as the representative of a licensed attorney. This application will not be processed unless this questionnaire with the original signature is received at the Legal Department.

2. Certification: Each person seeking to enter a federal institution to visit or correspond with a federal prisoner **must sign** the certification which follows the questionnaire.

3. Attorney's Statement: **The licensed attorney sponsoring you must sign the sponsoring statement.** This application will not be processed if the Attorney's Sponsoring Statement is not signed.

**QUESTIONNAIRE**

NOTE: Answer all questions. If a question does not apply to you , write "Not Applicable" in the space provided for the answer.

1. Name: \_\_\_\_\_

A: Any alias or other name ever used:

Name: \_\_\_\_\_ When Used: \_\_\_\_\_

2. A. Social Security Number: \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Place of Birth: \_\_\_\_\_

D. Sex: \_\_\_\_\_

E. Race: \_\_\_\_\_

3. A. Present Residential Address: \_\_\_\_\_  
\_\_\_\_\_

B. Length of time at this address: \_\_\_\_\_

C. Home telephone number: \_\_\_\_\_

D. List all residential addresses (including street and number, city and state) for the last five (5) years and dates you resided at each address:

Addresses

Dates


4. A. Present Place of Employment: \_\_\_\_\_

I. Name of immediate supervisor: \_\_\_\_\_

II. Employer's business address: \_\_\_\_\_  
\_\_\_\_\_

III. Employer's telephone number: \_\_\_\_\_

III. Dates of Employment: \_\_\_\_\_

B. List all previous employers for the past five (5) years, including employers' addresses and dates of your employment with each employer:

EMPLOYER

ADDRESS

DATES OF EMPLOYMENT


5. A. List all schools, universities, or other educational institutions attended from grade

10 to present (this should include any and all legal training that you have received):  
SCHOOL ADDRESS DEGREE & DATE RECEIVED

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**\*B. Paralegal entrance privileges are ONLY extended to paralegals in the employ of the sponsoring attorney, not self-employed paralegals who are consulted by attorneys.**

**Paralegal applications require the applicant A) be a current law school student or graduate B) provide a copy of their paralegal certificate or C) have a minimum of (6) months experience as a paralegal working with their sponsoring attorney AND provide a letter from the sponsoring attorney stating the applicant's duties.**

6. Have you ever been convicted of ANY criminal offense?\_\_\_\_\_

If so, complete the following. You may exclude any convictions for minor traffic violations (fine of \$150.00 or less)

OFFENSE DATE OF CONVICTION NAME & LOCATION OF COURT

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7. Have you ever been confined in any jail, prison or penal institution?\_\_\_\_\_

If so, complete the following:

Type of Institution Location Dates of Confinement  
 (State, Federal, Municipal County)

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8. Have you ever been charged with a criminal offense? If yes, please briefly summarize circumstances and legal disposition of the case.

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9. A Have you ever been denied permission to visit or correspond with an inmate by an institution within the Federal Bureau of Prisons (social or legal)?

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B. If so, state the institution(s), inmate(s) and date(s) of denial.

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10. Are you a citizen of the United States? A. \_\_\_\_\_

If not, give the name of the country of which you are a citizen or subject: B. \_\_\_\_\_

Alien Registration Number: C. \_\_\_\_\_

11. Are you a relative of or have a social relationship with the inmate(s) you are seeking to visit with at the MDC/ MCC? If yes, explain relationship.

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12. Are you currently on, or seeking to be placed on the social visiting list of any inmate(s) housed at a federal institution?

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**STATEMENT OF APPLICANT**

I certify that I am authorized to act as the legal representative of \_\_\_\_\_ ,

who is a licensed member of the bar of the State of \_\_\_\_\_.

I request that I be allowed to interview and correspond with \_\_\_\_\_,

Federal Register Number \_\_\_\_\_ , who is confined at the MDC/ MCC.

I am aware of my responsibility as a representative of the above-named attorney and certify

that I am able to meet this responsibility. I am also aware of the Bureau of Prisons' Policy

on Inmate Legal Activities and certify that I am able to and will adhere to the requirements

of this policy. I pledge to abide by Bureau of Prisons regulations and institution guidelines.

I hereby certify that all of the information contained in this questionnaire is true and correct

to the best of my knowledge. Furthermore, I understand that all information contained in this

questionnaire may be investigated and verified through the use of federal, state and local

authorities.

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

***Private Investigators must submit a copy of their Private Investigators Certificate and Private Investigator's photo identification.***

**STATEMENT OF SPONSORING ATTORNEY**

I hereby certify that I am a licensed member of the bar of the State of \_\_\_\_\_

and that I employ or supervise \_\_\_\_\_.

I authorize \_\_\_\_\_ to represent me and request that as my representative she/he be allowed to interview and correspond with \_\_\_\_\_,

Federal Register Number \_\_\_\_\_, who is currently confined at MDC

Brooklyn/ MCC New York, I further certify that \_\_\_\_\_ is aware

of the responsibility of her/his role as my representative and is able to meet this

responsibility. I pledge that I will supervise my representative's activities. I accept personal

and professional responsibility for all acts of my representative which affect the institution,

its inmates or staff.

Attorney's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## PRIVATE INVESTIGATOR APPLICANTS

The following visiting procedures will be applied to Private Investigators entering the institutions:

Private Investigators on the approved list will be permitted to enter the institution without the accompaniment of their sponsoring attorney.

Private Investigators will be required to submit a statement of sponsoring attorney as well as a copy of their Private Investigator's License EACH TIME THEY WANT TO VISIT ON BEHALF OF AN ATTORNEY OTHER THAN THE INITIAL SPONSORING ATTORNEY.

Your admittance to enter will expire one year from the date of your approval or upon the expiration of your private investigators license (which ever comes first).

Private Investigators will be permitted to bring pre-approved interpreters, if necessary.

Please be advised that it is the responsibility of the Private Investigator to make her/his sponsoring attorney aware of the above procedures. The enclosed Sponsoring Statement form can be reproduced locally.

## MITIGATION SPECIALIST/ DOCTOR APPLICANTS

The following visiting procedures will be applied to Mitigation Specialists entering this institution:

Mitigation Specialists/ Doctors on the approved list will be permitted to enter the institution without the accompaniment of their sponsoring attorney.

Mitigation Specialists/ Doctors will be required to submit a court order along with the statement of sponsoring attorney EACH TIME THEY WANT TO VISIT ON BEHALF OF AN ATTORNEY OTHER THAN THE INITIAL SPONSORING ATTORNEY.

A new order must be produced for each inmate that the Mitigation Specialist/ Doctor seeks to correspond with, additionally, a new order must be produced when the mitigation specialist is renewing their application after expiration.

Mitigation Specialists/ Doctors will be permitted to bring pre-approved interpreters, if necessary.

Mitigation Specialists/ Doctors must schedule visits by faxing a copy of the order and a letter specifying the date and time requested. The letter should include the inmate's name and register number. The request needs to be faxed to the respective Legal Department for the institution you need to visit.

Please be advised that it is the responsibility of the Mitigation Specialist/ Doctors to make her/his sponsoring attorney aware of the above procedures. The enclosed Sponsoring Statement form can be reproduced locally.

## **ATTACHMENT B**

BP-A0660.012

**NCIC CHECK** CDFRM

MAR 99

**U.S. DEPARTMENT OF JUSTICE****FEDERAL BUREAU OF PRISONS****AUTHORIZATION FOR RELEASE OF INFORMATION  
NCIC (National Crime Information Center) CHECK**

I hereby authorize a representative of the Federal Bureau of Prisons to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in 1) denial of entry into a Bureau facility and 2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address) (City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

8f. Color of Hair:

9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A)

10. The above listed information is true  
and correct. Applicant's Signature

10a. Date

**PRIVACY ACT NOTICE**

**Authority for Collecting Information:** E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

**Purposes and Uses:** Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

**Effects of Non-disclosures:** Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.

(This form may be replicated via WP)